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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/711,547 Confirmation No. 5546
Applicants: : Michael Poindexter et al.
Filed: : 09/24/2004
TC/A.U. : 3765
Examiner : Unassigned

Docket No. : 1644.01
Customer No. : 21,901
For : Mommy Bib

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith is a preliminary amendment for this application.

STATUS

2. Applicants are independent inventors.

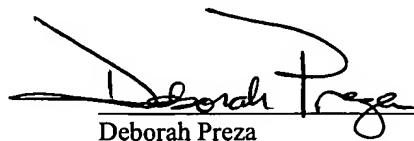
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

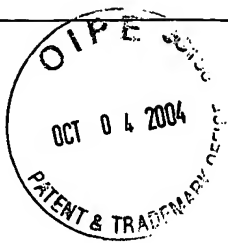
CERTIFICATE OF MAILING
(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Preliminary Amendment, including Introductory Specification, and Remarks, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 1, 2004.

Dated: October 1, 2004


Deborah Preza

(Amendment Transmittal—page 1)



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col.1) | | | (Col. 2) | (Col. 3) SMALL ENTITY | | |
|--|---|-------|---------------------------------------|-----------------------|-----------|----------------|
| Claims Remaining After Amendment | | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee |
| Total | 7 | Minus | 20 | = 0 | x \$9 = | \$0 |
| Indep. | 1 | Minus | 3 | = 0 | x \$43 = | \$0 |
| First Presentation of Multiple Dependent Claim | | | | | + \$145 = | \$0 |
| Total | | | | | | Addit. Fee \$0 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

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PRELIMINARY AMENDMENT

Introductory Comments

Sir:

The above-identified patent application is amended prior to examination as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.



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